

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 30345Name: Piqua Petro, Inc.Address 1: 1331 XLAN RD

Address 2: _____

City: PIQUA State: KS Zip: 66761 + 1667Contact Person: Greg LairPhone: (620) 468-2681CONTRACTOR: License # 32079Name: Leis, John E.Wellsite Geologist: NonePurchaser: Macliskey

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|-----------------------------------|-----------------|---|
| 03/30/2012 | 04/02/2012 | 06/06/2012 |

API No. 15 - 15-001-30353-00-00

Spot Description: _____

SW NW NE Sec. 14 Twp. 24 S. R. 17 East West610 Feet from North / South Line of Section2810 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: AllenLease Name: Willie Lake Well #: 2-12

Field Name: _____

Producing Formation: MississippiElevation: Ground: 1004 Kelly Bushing: 0Total Depth: 1236 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 21 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 21feet depth to: 0 w/ 6 sx cmt.

Drilling Fluid Management Plan

(Date must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bblsDewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Garriss Date: 08/30/2012



1091802

Operator Name: Piqua Petro, Inc. Lease Name: Willie Lake Well #: 2-12
 Sec. 14 Twp. 24 S. R. 17 East West County: Allen

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

| | | | |
|---|---|---|---------------------------------|
| Drill Stem Tests Taken (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | See Attached | Datum |
| Electric Log Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Electric Log Submitted Electronically (If no, Submit Copy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| List All E. Logs Run: | | | |

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Surface | 12 | 7 | 20 | 21 | Regular | 6 | |
| Longstring | 5.625 | 2.875 | 6.5 | 1233 | OWC | 135 | |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|----------------|------------------|----------------|--------------|----------------------------|
| Perforate | | | | |
| Protect Casing | | | | |
| Plug Back TD | | | | |
| Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 2 | 1187.5 to 1192.5 w/ 11 Perfs | | |

| | | | | |
|----------------|---------|--------------|------------|--|
| TUBING RECORD: | Size: 1 | Set At: 1184 | Packer At: | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------|---------|--------------|------------|--|

| | |
|---|---|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |
| Estimated Production Per 24 Hours | Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity |

| | | |
|--|--|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|

Summary of Changes

Lease Name and Number: Willie Lake 2-12

API/Permit #: 15-001-30353-00-00

Doc ID: 1091802

Correction Number: 1

Approved By: Deanna Garrison

| Field Name | Previous Value | New Value |
|---|---|---|
| Approved Date | 06/19/2012 | 08/30/2012 |
| Footages Reference Corner | NE | NW |
| Ground Surface Elevation | 1011 | 1004 |
| Is Footage Measured from the East or the West Section Line LocationInfoLink | East | West |
| Quarter Call 1 - Largest | https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=14&tNW | https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=14&tNE |
| Quarter Call 2 | NE | NW |
| Quarter Call 3 | NE | NW |
| Quarter Call 4 - Smallest | SE | SW |
| Save Link | ../kcc/detail/operatorEditDetail.cfm?docID=1084924 | ../kcc/detail/operatorEditDetail.cfm?docID=1091802 |